Kentucky Corporation/LLET Account Number

Department of Revenue ➤ See instructions.

Taxable period beginning _______, 201 ___, and ending ____

KENTUCKY CORPORATION INCOMETAX AND LLET RETURN

1	^	4	A
Z	U		4

В	Check applicable box(es):	D Federal Identification Num	ber		_			Taxable Year End	ing		<i>I</i>	
	LLET Receipts Method	Name of Corporation							Kenti	Mo.	Yr. ary of State	
	Gross Receipts	Name of Corporation								nization Nu	•	
	☐ Gross Profits ☐ \$175 minimum	Number and Street										
	Nonfiling Status Code								State	and Date o	of Incorporation	on .
	Enter Code	City		State	ZIP Co	ode	Telep	ohone Number				
С	Income Tax Return	F							D :		A .: : : :	101
	☐ Separate	E Name of Commo	n Parent	İ	K	Centucky Corporation	n/LLE	ET Account Number	Princ	ipai Busine:	ss Activity in	KY
	☐ Mandatory NEXUS	F Check if applicabl	a. П	Initial return		Final return (Comp	lete P	Part IV)				
	Nonfiling Status Code	☐ Short-period retu	ırn <i>(Con</i>	nplete Part IV)		Change of name				S Code Nur tina to Kent	mber tucky Activity)	·)
	Enter Code	☐ Change of accour	nting pe	riod						www.censu		
		G Check if applicabl				Amended return- nation of Amended		rn Changes				
_	PART	I—LLET COMPUT			Explu			I—INCOMETAX C	ОМР	ΙΙΤΔΤΙΟΙ		-
_				•				instructions)		1	•	00
	. Schedule LLET, Sec				00		•	ture		2		00
	. Tax credit recapture				00	3. Tax installr	nent	on LIFO recapture.	[3		00
	. Total (add lines 1 ar . Nonrefundable LLE		3		00	· ·		1 through 3)		4		00
4	Kentucky Schedule(1		00	5. Nonrefund from the C						
5	. Nonrefundable tax				- 00	LLET Credi						
Ū	(attach ScheduleTC		5		00			s)		5		00
6	. LLET liability (great	•						LLET credit (Part I,)		6		00
	lines 4 and 5 or \$17		6		00	7. Nonrefund			···	0		
7.	Withholding tax (Fo	rm PTE-WH)	7		00	(attach Sch	edul	eTCS)		7		00
8	. Estimated tax paym	nents	8		00			liability (line 4 less				
	. Certified rehabilitati		_		00			7, but not less than		8		00
	. Film industry tax cr				00	9. Estimated				0		
11.	. Extension payment		11		00	☐ Check if	Forn	n 2220-K attached		9		00
	. Prior year's tax cred		12		00			nent		10		00
13. Income tax overpayment from							credit	··· ∤	11		00	
	Part II, line 17					12. LLET overpayment from Part I, line 18						
7 3 4 4 4			00	13. Corporation income tax paid on								
15	. LLET overpayment	· ·	15		00					13		00
16	return 5. LLET due (lines 6 ar		15		00			ome tax overpaym		14		00
10	7 through 14)		16		00	15. Income tax	due	(lines 8 and 14 less	[
17	LLET overpayment							13)		15		00
	through 14 less line		17		00			payment (lines 9 lines 8 and 14)		16		00
18	3. Credited to 2014 inc				00			4 LLET		17		00
19	. Credited to 2014 int	erest	19		00			4 interest		18		00
20	. Credited to 2014 pe	nalty	20		00			4 penalty	∤	19		00
	. Credited to 2015 LL				00	20. Credited to income tax				20		00
22	. Amount to be refun	nded	22		00			efunded		21		00
	TAX PAYME	NT SUMMARY (Rou	nd to ne	earest dollar)			OFFIC	CIAL USE ONLY	> F	ederal Form	1120, all pages	s and
LL	ET	INC	OME			P				ny supportin e attached.	g schedules r	must
	LLET due (Part I, Line 16) \$		come ta Part II, Li			.00				е анаспеа.		-
			arı II, LI terest							e check pa	-	
	Penalty \$		enalty						Ken	tucky Stat	e Treasurer	
	Subtotal \$		ubtotal	\$.00 A					th payment	
	TAL PAYMENT (Add Subto		> \$	Ψ	.00	<u> </u>					t. of Revenue tucky 40620	



PART III—TAXABLE I	NCOME COMPUTATION	
1. Federal taxable income (Form 1120, line 28) 1 00 ADDITIONS: 2 00 2. Interest income (state and local obligations) 2 00 3. State taxes based on net/gross income 3 00 4. Depreciation adjustment 4 00 5. Deductions attributable to nontaxable income 5 00 6. Related party expenses (attach Schedule RPC) 6 00 7. Dividend paid deduction (REIT) 7 00 8. Domestic production activities deduction 8 00 9. Other (attach Schedule O-720) 9 00 10. Revenue Agent Report (RAR) 10 00 11. Total (add lines 1 through 10) 11 00 SUBTRACTIONS: 10 00	16. Other (attach Schedule O-720)	15 00 16 00 17 00 18 00 19 00 20 00 21 00 22 00 23 00
12. Interest income (U.S. obligations) 12 00	25. Taxable net income after KDPAD	
13. Dividend income	(line 23 less line 24)	25 00
☐ Change of ownership ☐ Successor to previous business PART V — EXPLANATION OF	☐ Merger ☐ Other AMENDED RETURN CHANGES	
OFFICER INFORMATION (Failure to Provide Requested Information IV	lay Result in a Penalty)	
Attach a schedule listing the name, home address and Social Security Has the attached officer information changed from the last return file President's Name President's Social Security Number Date Became President	y number of the vice president, secretary and tread? Yes No President's Home Address	asurer.
I, the undersigned, declare under the penalties of perjury, that I has accompanying schedules and statements, and to the best of my knot complete. Signature of principal officer or chief accounting officer Name of person or firm preparing return		
	May the DOR discuss this return with the prepar ☐ Yes ☐ No	rer?
	Email Address:	
www.revenue.ky.gov	Telephone No.:	

Commonwealth of Kentucky **DEPARTMENT OF REVENUE**



SCHEDULE Q-KENTUCKY CORPORATION/LLET QUESTIONNAIRE

IMPORTANT: Questions 4-15 must be completed by all corporations. If this is the corporation's initial return or if the corporation did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1.	Indicate whether: (a) \(\sigma\) new business; (b) \(\sigma\) successor to previously existing business which was organized as: (1) \(\sigma\) corporation; (2) \(\sigma\) partnership; (3) \(\sigma\) sole proprietorship; or (4) \(\sigma\) other \(\sigma\). If successor to previously existing business, give name, address and federal I.D. number of the previous business organization. \(\sigma\)
2.	List the following <i>Kentucky</i> account numbers. Enter N/A for any number not applicable. Employer Withholding Sales and Use Tax Permit Consumer Use Tax Unemployment Insurance Coal Severance and/or Processing Tax
3.	If a foreign corporation, enter the date qualified to do business in Kentucky / /
4.	The corporation's books are in care of: (name and address)
	Are disregarded entities included in this return? Yes No. If yes, list name, address and federal I.D. number of each entity.
6.	(a) Was the corporation a partner or member in a pass-through entity doing business in Kentucky? ☐ Yes ☐ No. If yes, list name and federal I.D. number of the pass-through entity(ies). (b) Was the corporation doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? ☐ Yes ☐ No
7.	Are related party costs as defined in KRS 141.205(1)(I) included in this return? ☐ Yes ☐ No. If yes, attach Schedule RPC, Related Party Costs Disclosure Statement, and enter any related

party cost additions on Part III, Line 6.

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8.	Did the corporation at any time during the taxable year dobusiness in Kentucky and own 80 percent or more of the voting stock of another corporation doing business in Kentucky? ☐ Yes ☐ No. If yes, list name, address and federal I.D. number of each entity.
9.	Was 80 percent or more of the corporation's voting stock owned by any corporation doing business in Kentucky at any time of the year? ☐ Yes ☐ No. If yes, list name, address and federal I.D number of each entity.
10.	The federal tax return attached to this Kentucky tax return is □ a pro forma federal tax return □ a copy of the federal tax return filed with the Internal Revenue Service
11.	Is the entity filing this Kentucky tax return or any entity included in the tax return organized as a limited cooperative association as provided by KRS Chapter 272A? Yes No. If yes, and this is a nexus consolidated return, enter each limited cooperative association's name, address and federal I.D. number included in the return:
12.	Is the entity filing this Kentucky tax return or any entity included in this tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? ☐ Yes ☐ No If yes, is the entity filing this Kentucky tax return or any entity included in this tax return a series within a statutory trust? ☐ Yes ☐ No If yes, for each series within a statutory trust, enter the name address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State:
13.	Was this return prepared on: (a) □ cash basis, (b) □ accrual basis, (c) □ other
14.	Did the corporation file a Kentucky tangible personal property tax return for January 1, 2015? ☐ Yes ☐ No If yes, list name and federal I.D. number of entity(ies) filing return(s):
15.	Is the corporation currently under audit by the Internal Revenue Service? ☐ Yes ☐ No
	If the Internal Revenue Service has made final and unappealable adjustments to the corporation's taxable income which have not been reported to the department, check here \square and file an amended

return. See 2014 Kentucky Corporation Income Tax and LLET Return instructions for information regarding amended returns. Attach a

copy of the final determination to each amended return.